

## SCDE STOP ARM VIOLATION REPORT

<b>School District:</b>		<b>County:</b>	
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### I. THIS SECTION TO BE COMPLETED BY DISTRICT BUS DRIVER

**Violation Information:**

Location: Road (Highway Name and or Number) \_\_\_\_\_

Near Intersection: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_ (AM) (PM)

**Description of Violator's Vehicle (if known)**

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**Bus Driver's Name:** \_\_\_\_\_ **SCDE Bus #** \_\_\_\_\_**Type of Roadway:** **Two-Lane** \_\_\_\_\_

On Coming (Front) \_\_\_\_\_ Number of Violations \_\_\_\_\_

Passed from Rear \_\_\_\_\_ Number of Violations \_\_\_\_\_

Number of Vehicle(s) Passed at this Location \_\_\_\_\_

**Type of Roadway:** **Multi-Lane** \_\_\_\_\_**Passed From Rear:** Left (Driver's) Side \_\_\_\_\_ Number of Violations \_\_\_\_\_

Right (Loading Door) Side \_\_\_\_\_ Number of Violations \_\_\_\_\_

Number of Vehicle(s) Passed at this Location \_\_\_\_\_

### II. THIS SECTION TO BE COMPLETED BY SCHOOL DISTRICT OFFICIAL/CONTACT PERSON:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ - \_\_\_\_\_

Cell Phone # \_\_\_\_\_

Do you have a video of the violation? Yes\_\_\_ No\_\_\_

### III. THIS SECTION TO BE COMPLETED BY SCDE COUNTY SUPERVISOR/CONTACT PERSON:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ - \_\_\_\_\_

Cell Number: \_\_\_\_\_ - \_\_\_\_\_

**SCDE County Supervisor must SCAN and E-MAIL Completed report within 48 hours of receipt to:****Lt. C. McLeod, SC Highway Patrol/SCDE Contact (This Report)**

Date: \_\_\_\_\_ Time: \_\_\_\_\_ (AM) \_\_\_\_ (PM) \_\_\_\_\_

*"Giving Our Best to Keep Our Children Safe"*